



1301
PUBLIC

Lockport Community Television, Inc.
293 Niagara Street, Lockport NY 14094
716-434-1733 Fax: 716-434-2837

LCTV Community Channel Pre-Recorded Program Proposal

Please type or print information about yourself and the program you wish to have cablecast on the Community Channel, LCTV 1301, Niagara and/or Erie Counties, in the spaces provided below and submit the completed proposal to: Lockport Community Television, Inc., 293 Niagara Street, Lockport, NY 14094

Producer Information

Name: _____ Date: _____

Organization: (if any) _____

Address: _____ City: _____

Zip Code: _____ Home Phone: _____

Business Phone: _____ Fax: _____

E-Mail Address: _____ Driver's License # _____

Co-producer Name: (if any) _____

Address: _____

Phone Number(s): _____

Program Information

Program Title: _____

Approximate length of program: (check one) 28:30 (half hour) _____

58:30 (hour) _____

Other (please list) _____

Program category: (check one or more)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Travel/World | <input type="checkbox"/> Children | <input type="checkbox"/> Gender Issues |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Youth | <input type="checkbox"/> Music |
| <input type="checkbox"/> Professional Advice | <input type="checkbox"/> Minority Issues | <input type="checkbox"/> Environmental | <input type="checkbox"/> Comedy |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Educational | <input type="checkbox"/> Home Videos | <input type="checkbox"/> Bi-lingual |
| <input type="checkbox"/> News | <input type="checkbox"/> Senior Citizens | <input type="checkbox"/> Sports | <input type="checkbox"/> Health |
| <input type="checkbox"/> Municipal/Govern. | <input type="checkbox"/> Family | <input type="checkbox"/> Disabled | <input type="checkbox"/> Cooking |

Other: (Please List) _____

(Continued)

Describe program format:

Talk Show (studio): Taped Live Both
 ENG (Field Production)
 Documentary
 Other: Please List _____

Describe the program content:

Why are you producing this program? (work/organization related):

Is this an ongoing series? If yes, how often

(On-going Series) Weekly Bi-weekly Monthly

Other: _____

Describe the audience you would like to reach:

Children Ages _____ to _____ Adults Ages _____ to _____

If not a specific age group please explain:

Please list any sponsors, patrons or underwriters acknowledged in your production. (The list must be submitted for approval by Lockport Community Television, Inc., prior to the cablecast.)

(Continued)

Describe any special permits you will be required to get from public or private sources in order to tape and/or cablecast this production? (copyrights, etc.)

Opening and closing of program *must* include the following:

- _____ :30 seconds of Black before start of show or official LCTV slate with show title
- _____ Fades in from BLACK to Start Show
- _____ Ends with... (Credits, followed by BLACK, stable control track – NO abrupt endings that go to “snow” – please let black run as long as possible after show ends)
- _____ Other (Please Explain):

Acceptable playback formats: (Please check the format that you will deliver to us. Listed below are the only formats we accept at the current time)

- _____ Digital File on Thumb-Drive or Memory Chip
- _____ Upload to Servers – upload information to be provided upon approval

Upload to Servers (preferred)

Signature, Community Producer **Date**

Erie Co., Niagara Co., Niagara Falls, NY or Lockport Service Area Resident Co-sponsor: (if needed)

Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Driver's License # _____

Signature, Community Resident Co-Producer **Date**

<p>Office Use Only</p> <p>_____ Approved _____ Disapproved</p> <p>Authorized Signature:</p>	<p>Notes:</p>
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1301 Public
1302 Education
1303 Government

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Producer Liability Agreement and Indemnification

Applicant assumes all responsibility as producer and/or originator of any Applicant's programming carried on the Community Channels, Public, Education, and/or Government. Applicant agrees to indemnify the Community Channel, City and Town of Lockport, City of Niagara Falls, NY, Suburbs of Erie County, the Lockport Community Cable Commission, Lockport Community Television, Inc. (LCTV), Charter/Spectrum, and their respective employees or governing boards. The applicant agrees to indemnify and hold harmless the persons and organizations listed above from any liability, loss or damage, including reasonable attorney's fees and court costs, caused by or arising out of any material supplied by the applicant in connection with its utilization of the Community Channel's cablecasting equipment and/or channel time.

Without limiting the generality of the foregoing, applicant further agrees to indemnify and save the Community Channel, City and Town of Lockport, Lockport, City of Niagara Falls, NY, Suburbs of Erie County, the Lockport Community Cable Commission, Lockport Community Television, Inc., Charter/Spectrum, their respective employees or governing boards, or any other television (cable/broadcast/low power, etc...) system over which applicant's material is transmitted, and/or staff of the above mentioned, harmless from any and all claims, damages, costs and liability of any nature whatsoever, including reasonable attorney's fees, which may be imposed by reason, of any claim that any material transmitted and/or disseminated by applicant violates or infringes upon the rights, trade names, trademarks, copyrights, patents, literary or dramatic rights or rights of privacy of any other owner, licensor, copyright holder, or any writer, composer, or other person, corporation, partnership, or entity, or that said material constitutes libel or slander and further that it does not violate the provisions of rules and prohibitions set forth by the Lockport Community Cable Commission and the FCC (copies available).

Applicant agrees to defend all actions to which any prior indemnity applies and to conduct the defense thereof at its expense and by its own counsel. The Community Channel shall have the right to participate in such defense at applicant's expense and by its own counsel and applicant agrees that it will cause its counsel to cooperate with the Community Channel in such manners.

Applicant, individually and, if applicable, on behalf of all members of the organization of which applicant is a member, hereby releases the Community Channel, its successors and assigns, from any legal action, claims and demands whatsoever which the applicant or its organization ever had, has and may have, against the Community Channel, its successors and assigns, including, without limiting the generality of the foregoing, any mistakes, omissions or interruptions in the cablecast.

Applicant is required to sign this producer agreement and indemnification form prior to any cablecast of his/her show, a single program or series. A series producer may sign one agreement to cover all programs. Although a series producer applicant is not required to sign before each program is cablecast, streamed or placed on-demand, he/she is still bound by this agreement for the content of each show in the series. **Minor applicants (under age 18) require a parent or guardian to co-sign.**

Show Name: _____

Single Show: _____ Series Show: _____

For the value received, I agree to comply with the aforementioned agreements and provisions:

Producer's Signature	Date
Address	Phone #

Resident Sponsor Signature	Date
Address	Phone #

Parent/Guardian Signature	Date
Address	Phone #

Witness Signature	Date
Address	Phone #